

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number		09/166,701-Conf. #9432	
	Filing Date		October 5, 1998	
	First Named Inventor		Isa Odidi	
	Title	CONTROLLED RELEASE PHARMACEUTICAL DELIVERY DEVICE AND PROCESS FOR PREPARATION THEREOF		
	Art Unit	1618		
	Examiner Name	S. V. Gembeh		
Attorney Docket No.		SMI-005.01		

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.  
**OR**

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

25181

**OR**

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.  
**OR**

☐ The address associated with Customer Number:

**OR**

☐ Firm or Individual Name

Address

City	State	Zip	
Country	Telephone	Email	

I am the:

☐ Applicant/Inventor.  
**OR**

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature	Date
Name	Telephone
Title and Company	

DR. AMINA ODI 1      AUG 19 2010      416 798 3001

Authorized Signer, Intellipharmaeueutics Corp.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 forms are submitted.